

**THIS FORM CANNOT BE DONE ON COMPUTER, CAN BE PRINTED AND MAILED**

Participant's Name: \_\_\_\_\_

**Therapeutic Recreation Services  
Intake - General Participant Information**

Information concerning your child's needs, functioning, and interests provide staff with additional information so that your child is better served. This information must be updated periodically and will be treated as confidential (used only in the administration of the service).

**Medical Information**

is in good health - no medical problem	Yes____No____	has dietary problems	Yes____No____
has heart difficulties	Yes____No____	has frequent pressure sores	Yes____No____
has allergies	Yes____No____	takes medication	Yes____No____
has seizures: Yes____No____	type _____	(frequently____ not frequently____)	

If you have answered "YES" to any of the above, please explain in the space provided. Please list any other medical precautions that the staff should be aware of to ensure your child's SAFE participation in activities (attach additional pages if necessary):

**Physical Profile**

uses manual wheelchair w/assistance	Yes____No____	walks without assistive devices	Yes____No____
uses manual wheelchair, no assistance	Yes____No____	uses electric wheelchair	Yes____No____
can transfer from wc/to chair	Yes____No____	uses a cane/walker	Yes____No____
uses prostheses	Yes____No____	good hand/eye coordination	Yes____No____
has good strength/endurance	Yes____No____	general coordination is good	Yes____No____
uses arms	Yes____No____	uses hands	Yes____No____
good sight/vision	Yes____No____	good balance	Yes____No____
walks down steps with no assistance	Yes____No____		

**Comments:** Please describe use of adaptive equipment and any of the above that require further explanation

Can your child participate in a physical fitness program: Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child currently participate in a regular fitness or sports program: Yes \_\_\_\_\_ No \_\_\_\_\_ Describe:

**Communication**

understands spoken directions	Yes____No____
talks <u>and is clearly</u> understood	Yes____No____
talks <u>but is not clearly</u> understood	Yes____No____
communicates needs and feelings	Yes____No____
uses sign language	Yes____No____
makes personal needs known	Yes____No____
is facilitated communication used	Yes____No____

Type of sign language used: \_\_\_\_\_

**Personal Needs**

can wash face, hands with no assistance	Yes____No____
uses the toilet independently/no diapers	Yes____No____
swallows liquid and food w/no problem	Yes____No____
manages clothing independently	Yes____No____
runs/wanders/strays from group	Yes____No____
knows when they need to use the bathroom	Yes____No____
is on a toileting schedule	Yes____No____

**Comments:**

**Participant's Name**\_\_\_\_\_

**Social Skills**

interacts/talks to peers-seeks social contact  
cooperates with staff  
cooperates with peers  
outgoing/talkative  
uses appropriate touch

Yes\_\_\_\_No\_\_\_\_  
Yes\_\_\_\_No\_\_\_\_  
Yes\_\_\_\_No\_\_\_\_  
Yes\_\_\_\_No\_\_\_\_  
Yes\_\_\_\_No\_\_\_\_

**Emotional Expression**

faces situations with no fear  
needs assistance to control anger/frustration  
understands authority/follows direction  
difficulty maintaining appropriate behavior  
(biting, hitting, yelling, etc.)

Yes\_\_\_\_No\_\_\_\_  
Yes\_\_\_\_No\_\_\_\_  
Yes\_\_\_\_No\_\_\_\_  
Yes\_\_\_\_No\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Self-management of Behavior:** Please, list any behaviors your child routinely/frequently displays and tell us how you redirect or assist your child with managing this behavior. What do you do to reinforce positive behavior? Is the child on a specific behavior management plan at school or home?

**Activity Interest:** Please, list some of your child's favorite home activities.

***What types of rewards for participation can staff make available to your child***

***Are There Any Precautions or Restrictions For Participation In Recreation Activities***

**Please Return the Intake Information Form With Your Application To:**

**Therapeutic Recreation Services**  
12011 Government Center Parkway, Suite 1050  
Fairfax, Virginia 22035  
***If you have any questions please call (703) 324-5532.***